

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000130971

1. Entity Name
MW JOHNSON CONSTRUCTION OF FLORIDA, INC.



Principal Place of Business
**17645 JUNIPER PATH, STE. 100
LAKEVILLE, MN 55044**

Mailing Address
**17645 JUNIPER PATH, STE. 100
LAKEVILLE, MN 55044**

DO NOT WRITE IN THIS SPACE



05162008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1861113	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, TROY W VICE PR
12801 COMMONWEALTH DR
SUITE 12
FORT MYERS, FL 33913**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, WILLIAM
STREET ADDRESS	17645 JUNIPER PATH, STE. 100
CITY - ST - ZIP	LAKEVILLE, FL 55044

TITLE	VP
NAME	JOHNSON, TROY
STREET ADDRESS	17645 JUNIPER PATH STE 100
CITY - ST - ZIP	LAKEVILLE, MN 55044

TITLE	T/S
NAME	JOHNSON, MAUREEN K
STREET ADDRESS	17645 JUNIPER PATH STE 100
CITY - ST - ZIP	LAKEVILLE, MN 55044

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/04/08-80061-005 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #